Alabama Department of Agriculture and Industries Disabled Agribusiness Programs Technical Support

Disabled Farmers Questionnaire

Full Name:	First Middle	Last
Address:		
	House or Apartment Number	Street
	City State	County Zip code
Telephone Number:	Home () Area Code	Work () Area Code
E-mail address:		
The following infor	mation is required for goverr	nmental reporting or record keeping purposes:
Date of Birth:	(Month) (Day) (Year)	Sex (check one) 1. () Male 2. () Female
	1. () White 2. () Black	3. () Hispanic 4. () Asian or Pacific Islander
Race (check one)	5. () American Indian or A	Alaskan Native 6. () Other
	Type of Disab	bility (check all that apply)
1. () Amputation	2. () Arthritis 3. () Back	k Injury 4. () Blindness or Vision Impairment
5. () Cancer 6. (() Cardiac Problem 7. ()	Cerebral Palsy 8. () Cognitive Impairment
9. () Diabetes 1	0. () Deafness or Hearing Im	pairment 11. () Mental Illness
12. () Multiple Scle	rosis 13. () Muscular Dyst	trophy 14. () Post-Polio Syndrome
15.()Respiratory f	Problem 16. () Spinal Cord	d Injury 17. () Stroke
18.()Traumatic Br	rain Injury 19. () Other	
	-	
	Agribu	usiness Information
What is the name of	the Agribusiness where you we	ork?
What is the area of p	production for the Agribusiness	?
Are you the owner of	f the Agribusiness?	Acres
	ner, what is your job title?	
What is your employ	ment status? (check one)	1. () Full Time 3. () Seasonal 2. () Part Time 4. () Unemployed

Alabama Department of Agriculture and Industries Disabled Agribusiness Programs Technical Support

Disabled Farmers Questionnaire

ease give a brief history of how you sustained your injury.
give a wive index year outcamen year injury.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.
ease give a brief description of your job duties and the barriers you now face due to the injury sustained.